MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/542127

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.	#	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
1	/						51						
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48							98						
49							99						
50							100						
TOTAL IND.	2						**TOTAL IND.**						
TOTAL DEP.	18						**TOTAL DEP.**						
TOTAL CLAIMS	20						**TOTAL CLAIMS**						

PTO - 1360 (REV. 11-01)

U.S. DEPARTMENT of COMMERCE